

**REMARKS**

This communication is responsive to the Office Action issued April 4, 2008. In the Action, claims 1-6, 8-16, and 20 were rejected. In this amendment, claims 1, 8, 10 and 20 are amended. No new matter has been added. Accordingly, claims 1-6, 8-16, and 20 remain pending for the Examiner's consideration.

A three-month extension of the term to respond, up to and including October 4, 2008, is filed concurrently herewith.

Claims 1-5, 8-11, and 15 were rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Publn. No. 2003/0126279 to Hu et al. ("Hu") in view of U.S. Publn. No. 2004/009501 to White et al. ("White").

Claim 1 recites

A method for magnetic resonance imaging comprising:

receiving a patient for magnetic resonance imaging at a facility, the facility having a first magnetic resonance imaging scanner and second magnetic resonance imaging scanner, the first scanner being large enough to allow at least the torso of a patient to be scanned and the second scanner being sized to allow only an extremity or the head of a patient to be scanned; and

selectively directing said received patient to the first magnetic resonance scanner or to the second magnetic resonance scanner based on an anatomy of the patient to be imaged and the sizes of the scanners;

wherein the first magnetic resonance scanner and the second magnetic resonance scanner are independently operable; and

wherein selectively directing comprises executing on a processor, maintaining a list of said received patients in a queue, accessing said maintained list, and processing said list so as to selectively direct said received patients to either the first or second magnetic resonance scanner.

As discussed in the specification, full body scanners are expensive and rather large, requiring atypical floor to ceiling clearance in the building in which it's housed. (*Specification*, ¶ [0006]). Thus, the cost of installing such a scanner in a building is also expensive. Moreover, in many cases the capabilities of a full body scanner are not necessary, because the image needed is that of an extremity, limb or head and not the torso. As such, conventional scanners are often used inefficiently resulting in delayed access for those patients really requiring their use.

Accordingly, claim 1 recites receiving a patient at a facility having both a full size scanner and an extremity scanner. The extremity scanner is sized to allow only an extremity or head of the patient to be imaged, and not the patient's torso. Claim 1 further recites selectively directing the patient to one or the other scanner based on the needs of the patient and the capability of the scanner. In this regard, scanners are used most efficiently, thereby conserving time and energy.

In contrast to claim 1, Hu merely discloses that a facility may have more than one scanner. As acknowledged by the Examiner, Hu does not mention what kind of scanners are included, or how they are used. Nevertheless, the Examiner asserts that it would be obvious to have different types of scanners, and to selectively direct patients to the scanners. No support is provided for this contention. Accordingly, the Examiner has failed to establish a *prima facie* case of obviousness as required by MPEP § 2142.

The Examiner also asserts on page 3, ¶ 5 of the Action that it would be obvious to have an extremity scanner and an MRI scanner in the same facility. In support of this assertion, the Examiner cites two websites. However, there is no indication that either of the websites were publicly known prior to the

filing date of the present application. The fact that they are presently available is irrelevant. Thus, the Examiner again fails to establish a prima facie case of obviousness.

Although the Examiner contends that "applicant's claim does not require the second scanner to be limited to a scanner being small enough to only allow an extremity of the patient," Applicant respectfully disagrees. In order to clarify this point, Applicant has amended claim 1 to recite "the second scanner being sized to allow only an extremity or the head of a patient to be scanned." None of the cited references teach this limitation.

Moreover, claim 1 has been amended to recite that the selective direction of patients is "based on an anatomy of the patient to be imaged and the sizes of the scanners." None of the cited references teach anything related to determining which of a variety of scanners is most suited to image a particular anatomy of a patient.

Even further, none of the references teach that such selective direction of patients may be executed using a processor which maintains a list of the patients in a queue. Although the Examiner points to the disclosure of White, White merely teaches scheduling the reception of patients via an electronic patient tracker. *White*, [0047]. Patients may be ordered based on their arrival, or according to the physician which referred them. *Id.* However, there is no indication that patients are selected based on their imaging needs and the capabilities of the imaging equipment at the facility. Accordingly, White fails to meet the limitations of claim 1.

In view of the above, neither Hu nor White, taken alone or in combination, teach all of the limitations of claim 1. Thus, Applicant respectfully requests that the rejection of claim 1 be withdrawn. Further, because claims 2-5 depend from claim 1, and therefore include all the limitations of claim 1,

Applicant respectfully submits that claims 2-5 are patentable over Hu and White. Therefore, Applicant further requests that the rejections of claims 2-5 be withdrawn.

Independent claims 8 and 10 have been amended similarly to claim 1. Thus, for at least the reasons discussed above in connection with claim 1, Applicant respectfully submits that claims 8 and 10 are patentable over Hu and White. Moreover, claim 9 depends from and therefore includes all the limitations of claim 8, and claims 11 and 15 depend from and include the limitations of claim 10. Accordingly, Applicant respectfully requests that the rejections of claims 8-11 and 15 be withdrawn.

Claims 6, 12-14, 16, and 20 are rejected under 35 U.S.C §103(a) as being unpatentable over Hu in view of White and further in view of U.S. Patent No. 6,414,490 to Damadian.

Claims 6, 12-14, and 16 depend from either claim 1 or claim 10, and therefore include the limitations of same. As discussed above, neither Hu nor White teaches all the limitations of independent claims 1 or 10. Damadian does not cure these deficiencies. Accordingly, Applicant respectfully submits that claims 6, 12-14, and 16 are patentable over the cited art, and therefore requests that the rejection of these claims be withdrawn.

Claim 20 has been amended to recite that the selective direction of patients to either the torso scanner or the extremity scanner is based on the imaging needs of the patient. As discussed, none of the cited references meet this limitation. Accordingly, Applicant respectfully submits that claim 20 is patentable over the cited art, and therefore requests that the rejection of claim 20 be withdrawn.

As it is believed that all of the rejections set forth in the Official Action have been fully met, favorable reconsideration and allowance are earnestly solicited. If,

however, for any reason the Examiner does not believe that such action can be taken at this time, it is respectfully requested that he telephone Applicant's attorney at (908) 654-5000 in order to overcome any additional objections which he might have.

If there are any additional charges in connection with this requested amendment, the Examiner is authorized to charge Deposit Account No. 12-1095 therefor.

Dated: September 24, 2008

Respectfully submitted,

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